



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | |
|--|---------------------|---|---------------------|
| 1. Corporate ID No. <u>487119</u> | | 2. Name of Corporation <u>PB&J Corp d/ba Tourist Trap</u> | |
| 3. Street Address Principal Business Office <u>PO Box 1185 - Water Street</u> | | City <u>Block Island</u> | State <u>RI</u> |
| 4. Business Phone No. <u>401-466-3195</u> | | 5. State of Incorporation <u>RI</u> | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island <u>Retail Sales T-shirt store</u> | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name <u>Margaret Hogben</u> | | Vice President Name <u>same</u> | |
| Street Address <u>31 Vale Pl</u> | | Street Address | |
| City <u>Rye</u> | State <u>NY</u> | Zip <u>10580</u> | |
| Secretary Name <u>Barbara Butler</u> | | Treasurer Name <u>Margaret Hogben</u> | |
| Street Address <u>130 Apawamis Ave</u> | | Street Address <u>31 Vale Pl</u> | |
| City <u>Rye</u> | State <u>NY</u> | Zip <u>10580</u> | City <u>Rye</u> |
| State <u>NY</u> | Zip <u>10580</u> | State <u>NY</u> | Zip <u>10580</u> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name <u>NONE</u> | | Director Name <u>NONE</u> | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| Director Name <u>NONE</u> | | Director Name <u>NONE</u> | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| 9. SHARES AUTHORIZED <u>NONE</u> | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | |
| | | Number of Shares <u>NONE</u> | Class/Series |
| | | Par Value | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | FEB 26 2010 |
| By: | <u>177</u> |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Margaret Hogben Date 2/23/10
Print or Type Name Margaret Hogben
Title President